

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026478

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 298

FILED JUL 27 1962

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON CITY

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

OSAGE

admission)

c. CITY

OR

TOWN Chamois

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

ADDRESS

Star Route

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Edwin

Middle

Benjamin

Last

Linhardt

4. DATE

OF

DEATH

Month

July

Day

23

Year

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8/21/1902

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer--carpenter

10b. KIND OF BUSINESS OR INDUSTRY

farming--building

11. BIRTHPLACE (City and state or country)

Freedom

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin Linhardt

13b. MOTHER'S MAIDEN NAME

Mary Ernstmeyer

14. NAME OF HUSBAND OR WIFE

Mary(Griechen)Linhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Mrs E.B.Linhardt

Address

Chamois Mo Star Rt

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis generalized

5 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 9, 1962 to July 23, 1962 and last saw her alive on July 23, 1962
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

7/26/1962

23c. NAME OF CEMETERY OR CREMATORY

E and R Cemetery

23d. LOCATION (city, town, or county)

Chamois

Mo

Star route

24. FUNERAL DIRECTOR

ADDRESS

Clyde Morton

Linn

Mo

25. DATE RECD. BY LOCAL REG.

25 July 1962

26. REGISTRAR'S SIGNATURE

R. P. Davis, M.D. - Registrar, Dept

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10269

3760

3

4 0

5 1

6

7 2

8 0

9 4:22

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Moulton

Licensed Embalmer No. 4125

P. O. Address Lincoln Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.